

**SUPPORTED EMPLOYMENT – GROUP JOB COACHING  
REFERRAL / AUTHORIZATION**

DR383A (New 06/11)


SE Service Provider Name & Address:	Consumer:		Date:
	DOR Counselor:		UCI #:
Employer/Work Site Name & Address:	<b>Begin Date:</b>	<b>End Date*:</b>	<b>Planned Stabilization Date:</b>
	Work Hours per Week:		Work Hours per Month:
Employer Phone Number:	Supervisor Name:		Maximum Lunch Break Support (LBS) Hours per Month:
<b>Job Coach Rate</b> \$30.82 Hourly (Welfare & Institutions Code Section 4860(b-d)) (rate prorated using DS1964 Allocated JC Hours by Consumer)			<b>Maximum Job Coach Hours per Month</b> (LBS included):

**SERVICE PROVISION:** This form **(1)** authorizes the named service provider to provide the consumer **group job coaching** (\*for up to 90 days, see start and end dates above) in accordance with Welfare and Institutions Code (WIC) Sections 4860 and 19150(a)(5), **(2)** is preceded by a DR383 Job Placement Information form approved by the DOR Rehabilitation Counselor which has the "Group" box checked, and **(3)** payment will be issued after Department of Rehabilitation (DOR) is invoiced according to the below instructions. Vendor is subject to the DOR terms and conditions included on DOR website at: <http://www.dor.ca.gov/eps/vrterms.htm>.

**If group membership drops below 3 members, the service provider contacts the DOR Counselor for more hours.**

**INVOICING INSTRUCTIONS:** For timely payment, please provide documentation of group job coaching services monthly as follows (detailed group invoicing instructions and updates at <http://www.dor.ca.gov/SEP>):

- Department of Rehabilitation Forms are available at: <http://www.dor.ca.gov/public/sepvrwapfrms.htm>.
  - Complete and email **DR384 SE Monthly Job Coach Report** and, if applicable, **DR384A SE Proposed Plan to Improve Performance** Forms to Rehabilitation Counselor at: [\\_\\_\\_\\_@dor.ca.gov](mailto:____@dor.ca.gov).
  - Complete and U.S. mail hard copies of **DR385C-E Supported Employment - Group Invoice Summary and Detail** with **DR384** and, if applicable, **DR384A** attached and marked "Re: SEP Group Invoices" (written on the envelope) to your local District Office at:
- Complete **DS 1964 Supported Employment Group Billing and Attendance Form**. DS 1964 is available on Department of Developmental Services' website at: <http://www.dds.ca.gov/WorkServices/Forms.cfm>.
  - Name Excel DS1964 file starting with the 3-digit SEP number and include the Billing Month Year.
  - E-mail DS1964s to [DORSEP###@dor.ca.gov](mailto:DORSEP###@dor.ca.gov) for supported employment groups (SEP GP) with Department of Rehabilitation consumers (### is the 3-digit Department of Rehabilitation District number).
  - Email new DS1964 Excel passwords separately, if any. Please use one password per service provider.

Rehabilitation Counselor:	Email Address:	Phone Number:	Date Signed:
			

Distribution: ☐ SE Service Provider ☐ DOR District Office (Account Tech) ☐ Regional Center

**NOTICE** This is confidential information from the records of the California Department of Rehabilitation. State and federal law and departmental regulations prohibit you from any further disclosure of this information without the informed, written consent of the consumer.